

# First Reconciliation 2021/2022

## Holy Cross Church

4492 Lake Ave., Rochester, NY 14612 663-8000, ext. 3

Choose type of Sacramental Prep: At-Home \_\_\_\_\_ or In-Person(if available) \_\_\_\_\_

1. Child's Name

Baptism\* (Place/Date)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Grade/School \_\_\_\_\_/\_\_\_\_\_

Age/Birthdate \_\_\_\_\_/\_\_\_\_\_

2. Child's Name

Baptism\* (Place/Date)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Grade/School \_\_\_\_\_/\_\_\_\_\_

Age/Birthdate \_\_\_\_\_/\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Maiden Name \_\_\_\_\_

Father's Name: \_\_\_\_\_

Main contact person(s): \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Secondary contact person(s): \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Primary address \_\_\_\_\_

Secondary address (if necessary) \_\_\_\_\_

Primary Phone# \_\_\_\_\_ 2<sup>nd</sup> Phone# \_\_\_\_\_

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***Our primary means of communication is via email. Please print email addresses clearly. Please add our addresses to your contacts and watch carefully for our communications – even in spam!***

Primary Email

address: \_\_\_\_\_

2<sup>nd</sup> Email

address: \_\_\_\_\_

Registered member of Holy Cross Church? yes \_\_\_\_\_ no \_\_\_\_\_ unsure \_\_\_\_\_

If no, what parish are you a member of \_\_\_\_\_

Fee: \$25 per child

**\* If your child was not baptized at Holy Cross, a Baptismal Certificate MUST be attached to this registration form.**